CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

			Duc May 01, 20				
Legal Entity #	School Dist. #	School Name		County	Level		
0965	2	Billings Elem		56	EL		
Proposed Restricte	ed Indirect Cost Rate	% (R	ound to nearest hundr	redth (X.XX%)	of a percent.)		
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.							
,	This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:						
(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.							
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.							
I declare that the fore	egoing is true and corre	ct.					
	t Superintendent or B		Street Address o	r P.O. Box			
			415 North 30th Sti	reet			
Printed Name of Au	thorized Official		City		ip Code		
			Billings	5	9101		
Title			Date				
Send comp	oleted form to: School Accounting ar Office of Public Instru PO Box 202501 Helena, MT 59620-2	ction					
ACCEPTED A	AND APPROVED FOR	THE SUPERINTENI	DENT OF PUBLIC II	NSTRUCTIO	N BY:		
Ар	proved Rate for FY20	04	Date Approved				
			Signature				

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level	
0966	2	Billings H S		56	HS	
Proposed Restricte	d Indirect Cost Rate _	% (Ro	und to nearest hundr	edth (X.XX%) of	f a percent.)	
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separal application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.						
This is to certify that I knowledge and belief:	have reviewed the indi	rect cost rate proposa	al submitted herewit	th and to the bo	est of my	
allowable in accordan A-87, "Cost Principles	(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.					
casual relationship be accordance with appli have not been claime	(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.					
	going is true and correc					
Signature of District	Superintendent or B	oard Chairperson	Street Address or P.O. Box			
			415 North 30th Str			
Printed Name of Aut	horized Official		City	Zip	o Code	
			Billings	59	101	
Title			Date			
Send comp	leted form to: School Accounting an Office of Public Instru- PO Box 202501 Helena, MT 59620-28	ction				
ACCEPTED A	ND APPROVED FOR	THE SUPERINTEND	ENT OF PUBLIC II	NSTRUCTION	BY:	
Арј	proved Rate for FY200	04	Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level
0967	26	Lockwood Elem		56	EL
Proposed Restricte	d Indirect Cost Rate _	% (Ro	ound to nearest hundr	edth (X.XX%) of	f a percent.)
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separa application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.					
This is to certify that I knowledge and belief:	have reviewed the ind	irect cost rate proposa	al submitted herewit	th and to the bo	est of my
allowable in accordan A-87, "Cost Principles	in this proposal to estance with the requirements for State and Local Gother attached Predeterm	its of the Federal awa overnments." Unallov	rd(s) to which they wable costs have be	apply and OMI en adjusted in	B Circular
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.					
	going is true and corre				
Signature of District	Superintendent or B	oard Chairperson	Street Address o	r P.O. Box	
			1932 US Highway		
Printed Name of Aut	horized Official		City	Zip	Code
			Billings	59	101
Title			Date		
Send comp	leted form to: School Accounting an Office of Public Instru PO Box 202501 Helena, MT 59620-28	ction			
ACCEPTED A	AND APPROVED FOR	THE SUPERINTEND	ENT OF PUBLIC II	NSTRUCTION	BY:
Арј	proved Rate for FY20	04	Date Approved		
			Signature		

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level	
0968	3	Blue Creek Elem		56	EL	
Proposed Restricte	d Indirect Cost Rate _	% (Ro	und to nearest hundr	edth (X.XX%) o	f a percent.)	
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separal application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.						
This is to certify that I knowledge and belief:	have reviewed the indi	rect cost rate proposa	al submitted herewit	th and to the b	est of my	
allowable in accordan A-87, "Cost Principles	(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.					
casual relationship be accordance with appli have not been claime	(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.					
	going is true and correc					
Signature of District	Superintendent or B	oard Chairperson	Street Address or P.O. Box			
			3652 Blue Creek F			
Printed Name of Aut	horized Official		City	Zij	o Code	
			Billings	59	101	
Title			Date			
Send comp	leted form to: School Accounting an Office of Public Instru PO Box 202501 Helena, MT 59620-2	ction				
ACCEPTED A	ND APPROVED FOR	THE SUPERINTEND	ENT OF PUBLIC II	NSTRUCTION	BY:	
Арј	proved Rate for FY200	04	Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level	
0969	4	Canyon Creek Elem		56	EL	
Proposed Restricte	d Indirect Cost Rate _	% (Ro	ound to nearest hundr	edth (X.XX%) of	f a percent.)	
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separ application should be submitted for the elementary and high school district. A copy of this certification will returned upon approval of your rate.						
This is to certify that I knowledge and belief:	have reviewed the ind	irect cost rate proposa	al submitted herewit	th and to the bo	est of my	
allowable in accordan A-87, "Cost Principles	(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.					
casual relationship be accordance with appli have not been claime	(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.					
	going is true and corre					
Signature of District	Superintendent or B	oard Chairperson	Street Address o	et Address or P.O. Box		
			3139 Duck Creek			
Printed Name of Aut	horized Official		City	Zip	Code	
			Billings	59	101	
Title			Date			
Send comp	leted form to: School Accounting an Office of Public Instru PO Box 202501 Helena, MT 59620-29	ction				
ACCEPTED A	ND APPROVED FOR	THE SUPERINTEND	ENT OF PUBLIC II	NSTRUCTION	BY:	
Арј	proved Rate for FY20	04	Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level	
0970	7-70	Laurel Elem		56	EL	
Proposed Restricte	d Indirect Cost Rate _	% (Ro	ound to nearest hundr	edth (X.XX%) o	f a percent.)	
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.						
	This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:					
allowable in accordan A-87, "Cost Principles	(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.					
casual relationship be accordance with appli have not been claime	(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.					
	going is true and corre					
Signature of District	Superintendent or B	oard Chairperson	Street Address or P.O. Box			
			410 Colorado Ave			
Printed Name of Aut	horized Official		City	Zip	Code	
			Laurel	59	044	
Title			Date			
Send comp	leted form to: School Accounting an Office of Public Instru PO Box 202501 Helena, MT 59620-29	ction				
ACCEPTED A	ND APPROVED FOR	THE SUPERINTEND	ENT OF PUBLIC II	NSTRUCTION	BY:	
Арј	proved Rate for FY20	04	Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level	
0971	7	Laurel H S		56	HS	
Proposed Restricte	d Indirect Cost Rate	% (Ro	ound to nearest hundr	edth (X.XX%) of	a percent.)	
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separal application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.						
	This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:					
allowable in accordant A-87, "Cost Principles	(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.					
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.						
	going is true and corre					
Signature of District	Superintendent or B	oard Chairperson	Street Address o	r P.O. Box		
			410 Colorado Ave			
Printed Name of Aut	thorized Official		City	Zip	Code	
			Laurel	590	044	
Title			Date	•		
Send comp	leted form to: School Accounting ar Office of Public Instru PO Box 202501 Helena, MT 59620-2	ction				
ACCEPTED A	AND APPROVED FOR	THE SUPERINTEND	ENT OF PUBLIC II	NSTRUCTION	BY:	
Ар	proved Rate for FY20	04	Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level		
0972	8	Elder Grove Elem		56	EL		
Proposed Restricte	d Indirect Cost Rate _	% (Rd	ound to nearest hundr	edth (X.XX%)	of a percent.)		
	emplete and submit with submitted for the elem al of your rate.						
	This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:						
allowable in accordant A-87, "Cost Principles	in this proposal to estance with the requirements for State and Local Golhe attached Predeterm	its of the Federal awa overnments." Unallov	rd(s) to which they vable costs have be	apply and OM een adjusted in	1B Circular		
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.							
	going is true and correc						
Signature of District	Superintendent or B	oard Chairperson	Street Address o	r P.O. Box			
			1532 South 64 Str				
Printed Name of Aut	thorized Official		City	Zi	ip Code		
			Billings	59	9106		
Title			Date				
Send comp	leted form to: School Accounting an Office of Public Instru- PO Box 202501 Helena, MT 59620-28	ction					
ACCEPTED A	AND APPROVED FOR	THE SUPERINTEND	ENT OF PUBLIC I	NSTRUCTION	N BY:		
App	proved Rate for FY200	04	Date Approved				
			Signature				

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level		
0975	15	Custer K-12 Schools	3	56	K12		
Proposed Restricte	d Indirect Cost Rate _	% (Rc	ound to nearest hundr	edth (X.XX%)	of a percent.)		
application should be	NSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be eturned upon approval of your rate.						
This is to certify that I knowledge and belief	have reviewed the ind	irect cost rate proposa	al submitted herewi	th and to the	best of my		
allowable in accordant A-87, "Cost Principles	in this proposal to estance with the requirements for State and Local Golhe attached Predeterm	nts of the Federal awa overnments." Unallov	rd(s) to which they vable costs have be	apply and ONeen adjusted	∕IB Circular		
casual relationship be accordance with appli have not been claime	(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.						
	going is true and corre						
Signature of District	Superintendent or B	oard Chairperson	Street Address o	r P.O. Box			
			Box 69				
Printed Name of Aut	horized Official		City	Z	ip Code		
			Custer	5	9024		
Title			Date	,			
Send comp	leted form to: School Accounting an Office of Public Instru PO Box 202501 Helena, MT 59620-28	ction					
ACCEPTED A	AND APPROVED FOR	THE SUPERINTEND	ENT OF PUBLIC I	NSTRUCTIO	N BY:		
Ap	proved Rate for FY20	04	Date Approved				
			Signature				

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level	
0976	17	Morin Elem		56	EL	
Proposed Restricte	d Indirect Cost Rate _	% (Ro	und to nearest hundr	edth (X.XX%) of	f a percent.)	
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A sepa application should be submitted for the elementary and high school district. A copy of this certification will returned upon approval of your rate.						
This is to certify that I knowledge and belief:	have reviewed the indi	rect cost rate proposa	al submitted herewit	th and to the bo	est of my	
allowable in accordan A-87, "Cost Principles	(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.					
casual relationship be accordance with appli have not been claime	(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.					
	going is true and correc					
Signature of District	Superintendent or B	oard Chairperson	Street Address or P.O. Box			
			8824 Pryor Road			
Printed Name of Aut	horized Official		City	Zip	Code	
			Billings	59	101	
Title			Date			
Send comp	leted form to: School Accounting an Office of Public Instru- PO Box 202501 Helena, MT 59620-28	ction				
ACCEPTED A	ND APPROVED FOR	THE SUPERINTEND	ENT OF PUBLIC II	NSTRUCTION	BY:	
Арј	proved Rate for FY200	04	Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level		
0978	21-J	Broadview Elem		56	EL		
Proposed Restricte	d Indirect Cost Rate _	% (Ro	und to nearest hundr	edth (X.XX%) of	a percent.)		
NSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be eturned upon approval of your rate.							
	This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:						
allowable in accordant A-87, "Cost Principles	1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.						
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.							
	going is true and corre		<u> </u>				
Signature of District	Superintendent or B	oard Chairperson	Street Address or P.O. Box				
Printed Name of Aut	horized Official		PO Box 147 City	Zip	Code		
			Broadview	_	015		
Title			Date				
Send comp	leted form to: School Accounting ar Office of Public Instru PO Box 202501 Helena, MT 59620-2	ction					
ACCEPTED A	ND APPROVED FOR		ENT OF PUBLIC II	NSTRUCTION	BY:		
Ар	proved Rate for FY20	04	Date Approved				
			Signature				

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level	
0979	21-J	Broadview H S		56	HS	
Proposed Restricte	d Indirect Cost Rate _	% (Ro	ound to nearest hundr	edth (X.XX%) o	f a percent.)	
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separa application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.						
	This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:					
allowable in accordan A-87, "Cost Principles	(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.					
casual relationship be accordance with appli have not been claime	(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.					
	going is true and corre					
Signature of District	Superintendent or B	oard Chairperson	Street Address or P.O. Box			
			PO Box 147			
Printed Name of Aut	horized Official		City	Zij	o Code	
			Broadview	59	015	
Title			Date			
Send comp	leted form to: School Accounting an Office of Public Instru PO Box 202501 Helena, MT 59620-29	ction				
ACCEPTED A	ND APPROVED FOR	THE SUPERINTEND	ENT OF PUBLIC II	NSTRUCTION	BY:	
Арј	proved Rate for FY20	04	Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level	
0981	23 Elysian Elem		56	EL		
Proposed Restricte	d Indirect Cost Rate	% (Ro	ound to nearest hundr	edth (X.XX%) of	f a percent.)	
application should be	INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.					
This is to certify that I knowledge and belief	have reviewed the ind	irect cost rate proposa	al submitted herewit	th and to the be	est of my	
allowable in accordant A-87, "Cost Principles	in this proposal to estance with the requirements for State and Local Gother attached Predeterm	its of the Federal awa overnments." Unallov	rd(s) to which they wable costs have be	apply and OMI en adjusted in	3 Circular	
casual relationship be accordance with appli have not been claime	in the proposal are pro etween the expenses in icable requirements. F d as direct costs. In ac lic Instruction will be no	curred and the agreen urther, the same costa ddition, similar types o	ments to which they s that have been tre f costs have been a	 are allocated eated as indired accounted for or 	in ct costs	
	going is true and corre					
Signature of District	: Superintendent or B	oard Chairperson	Street Address o	r P.O. Box		
Printed Name of Aut	thorized Official		6416 Elysian Road City Zip Code		Code	
Timed Name of Add			•	_		
Title			Billings Date	59	101	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501						
ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:						
Ар	proved Rate for FY20	04	Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Levei		
0983	24	Huntley Project K-12	56	K12			
Proposed Restricte	d Indirect Cost Rate	% (Ro	und to nearest hundr	edth (X.XX%) of	a percent.)		
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.							
This is to certify that I knowledge and belief:	have reviewed the ind	irect cost rate proposa	al submitted herewit	th and to the be	est of my		
allowable in accordan A-87, "Cost Principles	in this proposal to estance with the requirements for State and Local Gardhe attached Predeterm	nts of the Federal awa overnments." Unallow	rd(s) to which they wable costs have be	apply and OME en adjusted in	3 Circular		
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.							
I declare that the fore	going is true and corre	ct.					
Signature of District	Superintendent or B	oard Chairperson	Street Address o	r P.O. Box			
			1477 Ash Street				
Printed Name of Aut	horized Official		City	Zip	Code		
			Worden	590	088		
Title			Date				
Send comp	leted form to:				_		
School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501							
ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:							
Approved Rate for FY2004 Date Approved							
Signature							

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level	
0985	37	Shepherd Elem		56	EL	
Proposed Restricte	d Indirect Cost Rate	% (Ro	ound to nearest hundr	edth (X.XX%) of	f a percent.)	
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.						
This is to certify that I knowledge and belief:	have reviewed the ind	irect cost rate proposa	al submitted herewit	th and to the be	est of my	
allowable in accordant A-87, "Cost Principles	in this proposal to esta ce with the requiremer for State and Local G he attached Predeterm	nts of the Federal awa overnments." Unallov	rd(s) to which they vable costs have be	apply and OMI en adjusted in	B Circular	
casual relationship be accordance with appli have not been claime	in the proposal are pro etween the expenses in cable requirements. F d as direct costs. In action will be no	curred and the agree further, the same cost ddition, similar types o	ments to which they s that have been tre f costs have been a	are allocated eated as indired accounted for content of the conten	in ct costs	
	going is true and corre					
Signature of District Superintendent or Board Chairperson			Street Address o	r P.O. Box		
Printed Name of Aut	harizad Official		Box 8 City Zip Code			
Printed Name of Aut	illorized Official		City	21	Code	
			Shepherd	59	079	
Title Date						
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501						
ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:						
Approved Rate for FY2004			Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

School Dist. #	School Name		County	Level			
37	Shepherd H S		56	HS			
d Indirect Cost Rate _	% (Rd	ound to nearest hundr	edth (X.XX%) of	a percent.)			
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.							
have reviewed the ind	irect cost rate propos	al submitted herewi	th and to the be	est of my			
ce with the requiremer for State and Local Go	its of the Federal awa overnments." Unallov	ord(s) to which they wable costs have be	apply and OMI een adjusted in	3 Circular			
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.							
		Stroot Address o	r D O Boy				
Superintendent of D	oaru Champerson		1 F.O. BOX				
horized Official		City	Zip	Code			
		Shenherd	590	079			
Title							
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501							
ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:							
Approved Rate for FY2004 Date Approved							
	Signature						
	d Indirect Cost Rate mplete and submit with submitted for the elemal of your rate. have reviewed the indirect costs are with the requirement for State and Local Gothe attached Predeterming the expenses in cable requirements. For as direct costs. In actic Instruction will be not going is true and correct Superintendent or Bothe Accounting an Office of Public Instruction Polary March 19620-25. In actic Costs and Correct Superintendent or Bothe Public Instruction Polary March 19620-25. In actic Costs and Correct Superintendent or Bothe Public Instruction Polary March 19620-25. In actic Costs and Costs are provided in the proposal are provided in the provided in t	d Indirect Cost Rate	d Indirect Cost Rate	d Indirect Cost Rate			

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level		
0987	41	Pioneer Elem		56	EL		
Proposed Restricte	d Indirect Cost Rate _	% (Ro	und to nearest hundr	edth (X.XX%) o	f a percent.)		
application should be	INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.						
This is to certify that I knowledge and belief	have reviewed the indi	rect cost rate proposa	al submitted herewit	th and to the b	est of my		
allowable in accordant A-87, "Cost Principles	in this proposal to estance with the requirements for State and Local Golhe attached Predeterm	its of the Federal awa overnments." Unallow	rd(s) to which they wable costs have be	apply and OM en adjusted in	B Circular		
casual relationship be accordance with appli have not been claime	(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.						
	going is true and correc						
Signature of District Superintendent or Board Chairperson			Street Address o	r P.O. Box			
			1937 Dover Road				
Printed Name of Aut	horized Official		City	Zij	o Code		
			Billings	59	105		
Title Date							
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501							
ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:							
Approved Rate for FY2004			Date Approved				
			Signature				

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level	
0989	52	Independent Elem		56	EL	
Proposed Restricte	d Indirect Cost Rate _	% (Ro	und to nearest hundr	edth (X.XX%) of	f a percent.)	
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.						
This is to certify that I knowledge and belief:	have reviewed the ind	irect cost rate proposa	al submitted herewit	th and to the be	est of my	
allowable in accordan A-87, "Cost Principles	in this proposal to esta ce with the requiremer for State and Local G he attached Predeterm	nts of the Federal awa overnments." Unallov	rd(s) to which they vable costs have be	apply and OMI en adjusted in	B Circular	
casual relationship be accordance with appli have not been claime	in the proposal are pro tween the expenses in cable requirements. F d as direct costs. In ac ic Instruction will be no	ncurred and the agreer further, the same cost ddition, similar types o	ments to which they s that have been tre f costs have been a	are allocated eated as indired accounted for content of the conten	in ct costs	
	going is true and corre					
Signature of District	Superintendent or B	oard Chairperson	Street Address o			
Printed Name of Aut	horized Official		2907 Roundup Ro City		Code	
Timed Name of Add			-	-		
Title			Billings Date	59	105	
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501						
ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:						
Approved Rate for FY2004			Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level		
1196	58	Yellowstone Academy Elem		56	EL		
Proposed Restricte	d Indirect Cost Rate _	% (Ro	ound to nearest hundr	edth (X.XX%)	of a percent.)		
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.							
This is to certify that I knowledge and belief	have reviewed the indi	rect cost rate proposa	al submitted herewi	th and to the b	est of my		
allowable in accordant A-87, "Cost Principles	in this proposal to estance with the requirements for State and Local Golhe attached Predeterm	its of the Federal awa overnments." Unallov	rd(s) to which they vable costs have be	apply and OM een adjusted i	lB Circular		
casual relationship be accordance with appli have not been claime	(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.						
	going is true and correc						
Signature of District	Superintendent or B	oard Chairperson	Street Address o	r P.O. Box			
			1732 South 72nd				
Printed Name of Aut	horized Official		City	Zi	p Code		
			Billings	59	9106		
Title			Date				
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501							
ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:							
Approved Rate for FY2004			Date Approved				
			Signature				